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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10501291 | <b>Applicant(s)/Patent Under Reexamination</b><br>YONEHARA ET AL. |
|   | <b>Examiner</b><br>KADE ARIANI             | <b>Art Unit</b><br>1651   |

| ORIGINAL                  |  |     |          |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|---------------------------|--|-----|----------|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  |     | SUBCLASS |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 435                       |  |     | 25       |  |  | C                            | 1 | 2 | Q | 1 / 26 (2006 01 01) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 435                       | 23                                       | 191 |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 436                       | 67                                       | 86  |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |     |          |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> <input type="checkbox"/> <b>CPA</b> <input type="checkbox"/> <b>T.D.</b> <input type="checkbox"/> <b>R.1.47</b> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1  | 1        | 13    | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2  | 2        | 14    | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 3        | 15    | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3  | 4        | 16    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4  | 5        | 17    | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5  | 6        | 18    | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
| 6  | 7        | 19    | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 8        | 20    | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
| 7  | 9        | 21    | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
| 8  | 10       | 22    | 26       |       |          |       |          |       |          |       |          |       |          |       |          |
| 9  | 11       | 23    | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 12       | 24    | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 10   | 13       | 25    | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
| 11   | 14       | 26    | 30       |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 15       | 27    | 31       |       |          |       |          |       |          |       |          |       |          |       |          |
| 12   | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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| NONE  |  | <b>Total Claims Allowed:</b><br>27 |                          |
| (Assistant Examiner)                            |  | (Date)                             |                          |
| /KADE ARIANI/<br>Primary Examiner.Art Unit 1651 |  | 5/09/2011                          |                          |
| (Primary Examiner)                              |  | (Date)                             |                          |
|   |  | O.G. Print Claim(s)<br>1           | O.G. Print Figure<br>--- |